U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE.

PATENT ADDITION FOR DETERMINATION DESCRIPTION FOR DESCRIPTION FOR DETERMINATION DESCRIPTION FOR DESCRIPTION FO Substitute for Form PTO-876 Applied thorn or Dooker Humber APPLICATION AS FILED - PART ! (Column 1) (Column 2) SMALL ENTITY OTHER THAN .OR FOR SMALL ENTITY NUMBER FILED NUMBER EXTRA BABIQ FEE (87 OFR 1.16(a), (b); or (c)) RATE (\$) FEE (\$ NA · . NA RATE (\$) SEARCH FEE FEE (\$) · N/A (87 OFF 7.16(b), (D, or (my) N/A NA EXAMINATION FEE (8) OF (9) N/A N/A NA NA N/A TOTAL CLAIMS N/A (37 CFR 1.16(1)) NA ٠. minus 20 = INDEPENDENT CLAIMS EB = (37 OFR 1.16(N) 50 OR minus 3. = If the specification and drawings exceed 100 x 105 = APPLICATION SIZE sheels of paper, the application size lee due 210. is \$260 (\$130 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets of fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT, G7 CFR 1.10(7) 185 If the difference in column 1 is less than zero, enter *0* in column 2. 370 TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column a) OTHER THAN SMALL ENTITY CLAIMS SMALL ENTITY HIGHEST REMAINING NUMBER PRESENT AFTER PREVIOUSLY RATE (\$). ...'AOD(-ENDMENT PAID FOR RATE (\$) total. ADDI: TIONAL FEE (\$) Minus TIONAL FEE (\$) Independent Profit 1,16(N) × 25 Minus ĎR. 50 Application Size Fee (37 CFR 1.16(s)) x 105 = 210 ÖR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(II) 185 340 OR: TOTAL ADD'L FEE TOTAL OR (Column 1) (Column 2) CLAIMS (Columni a) HIGHEST Ø REMAINING PRESENT EXTRA NUMBER AFTER AMENDMENT: PREVIOUSLY PAID FOR RATE (\$) ADDI-RATE (\$) Total profit 1.1600 ADDI-TIONAL FEE (\$) ğ Minus TIONAL FEE (\$) hidebendent his offi-1.16041 19 Minus × 50 OR Application Size Fee (37 CFR 1.16(s)) × 105 = x 210 = OR. FIRST PRESENTATION OF MULTIPLE DEPENDENT OLAIM (87 OFR 1.16(1)) TO. 3 If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary dependently upon the individual case. Any commente and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FREES OR COMPLETED FORMS TO THIS

If you need assistance in completting the form, ball 1-800-PTO-918; and select opilon 2